

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF : James U. Morrison
FOR : **METHOD AND COMPOSITION FOR
CONTROLLED RELEASE ACARBOSE
FORMULATIONS**
SERIAL NO. : 09/829,707
FILED : April 10, 2001
ATTORNEY DOCKET NO. : 26017-6 (new)
26017-3 (old)

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TECH CENTER 1600/2900

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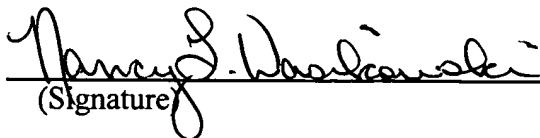
Date of Deposit: **July 28, 2004**

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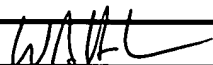

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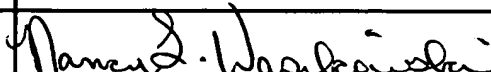
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/829,707	RECEIVED AUG 06 2004 TECH CENTER 1600/2900
	Filing Date	April 10, 2001	
	First Named Inventor	James U. Morrison	
	Art Unit	1778	
	Examiner Name	White, Everett	
Total Number of Pages in This Submission	-7-	Attorney Docket Number	26017.6

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	W. Scott Harders, Reg. No. 42,629 BENESCH, FRIEDLANDER, COPLAN & ARONOFF LLP	
Signature		
Date	July 28, 2004	

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Signature		Date	July 28, 2004

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